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FACSIMILE TRANSMITTAL

TO:	COMPANY	FAX NUMBER	TELEPHONE NUMBER
Examiner Jerome Goldberg	US Patent & Trademark Office	703-308-7924	703-308-4606

FROM:	REFERENCE NUMBER	NUMBER OF PAGES	DATE
Victoria L. Boyd	4577 / 23164-1001	18 (including cover page)	September 10, 1999

MESSAGE:

Attached please find a Amendment in response to Office Action dated June 10, 1999 for Application No. 08/853,870. Thank you.

Victoria L. Boyd
Victoria L. Boyd

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09/10/99 4:42 PM

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Affiliated with Canelutti Law Firm: Milan, Rome, Padua, Naples, Paris

Attorney Docket No. 2316-1001

PATENTS

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper is being transmitted via facsimile to: U.S. Patent & Trademark Office, Fax No. (703) 308-7924, Washington, DC 20231, on May 28, 1999.

Victoria L. Boyd 9/10/99
Victoria L. Boyd, Reg. No. 43,540 Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Michael G. Tovey

Serial No: 08/853,870

: Group Art Unit: 1614

Filed: May 9, 1997

: Examiner: Goldberg, J.

For: Therapeutic Applications of High Dose Interferon

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-entitled patent application are the following:

1. Amendment Response (4 pgs) + 3 attachments (11 pgs)

[X] Petition For Extension Of Time

Applicant(s) hereby petition(s) for an extension of time under 37 CFR 1.136(a) to respond to the Office action mailed June 10, 1999, for

<input type="checkbox"/> one month.....	\$110.00
<input type="checkbox"/> two months	\$380.00
<input type="checkbox"/> three months.....	\$870.00

the fee (37 CFR 1.17) for which is authorized below.

Transmittal Letter
Serial No. 08/853,870

Attorney Docket No. 23164-1001
Page 2

Deposit Account Authorization

☒ There is no increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for.

☐ There is an increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for. The required fee is calculated below.

Additional independent claims (above 3): _ @ \$78 each\$0.00

Additional claims above 20: _ @ \$18 each.....\$0.00

Multiple Dependency Fee: _ @ \$260 each\$0.00

PLUS Extension of Time Fee:\$0.00

PLUS Fee for Terminal Disclaimer:.....\$0.00

TOTAL FEE DUE:.....\$0.00

☐ Please charge \$_____ to Deposit Account No. 08-1641.

☒ Please charge any additional fees that may be required, or credit any overpayment to Deposit Account No. 08-1641. This is not, however, an authorization to pay the issue fee. A duplicate of this document is enclosed.

Respectfully submitted,

Victoria L. Boyd

Victoria L. Boyd
Attorney for Applicants
Reg. No. 43,510

Date: September 10, 1999

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